STATEMENT OF

PAGE 1/8

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Stabenow for US Senate PO Box 4945 ADDRESS (number and street) (Check if address is changed) East Lansing 48826 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fec@debbiestabenow.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.debbiestabenow.com (Check if address is changed) DATE 09 2020 C00344473 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Fry, Frederick, , , Type or Print Name of Treasurer Fry, Frederick,,, [Electronically Filed] 01 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE OF C		
	e Committee:	
(a) x	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	nplete the candidate
Name of Candidate	Stabenow, Debbie, , ,	
Candidate Party Affiliati	on DEM Office Sought: House X Senate President	State
raity Allillati	on DEW Sought: House X Senate President	District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con		_
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate secondittee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	Iraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

 FEC Form 1 (Re	evised 02/2009)	Page 3
Write or Type Committee	e Name	
Stabenow fo	or US Senate	
6. Name of Any Conne	ected Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
Stabenow Victory	, [,] Fund	
Mailing Address	PO Box 4462	
Mailing Address		
	East Lansing MI 4882	26
	CITY STATE	ZIP CODE
Delationship. Co	Affiliated Committee M. Laint Fundaciona Democratativa	
Relationship: Cor	nnected Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Record books and records.	ds: Identify by name, address (phone number optional) and position of the person in	n possession of committee
Hay Full Name	ynie, Stephanie, , ,	
	PO Box 4945	
Mailing Address		
	East Lansing MI 488	26 _ _ _
Title or Position	CITY STATE	ZIP CODE
Compliance Director	Telephone number 517	- 336 - 8500
Treasurer: List the na any designated agent	ame and address (phone number optional) of the treasurer of the committee; and the (e.g., assistant treasurer).	e name and address of
Full Name Fry,	, Frederick, , ,	
of Treasurer		
Mailing Address	PO Box 4945	
	East Lansing MI 4882	
Title or Position Treasurer	CITY STATE	ZIP CODE
	Telephone number	·

	evised 02/2009)		Page 4
Full Name of Designated Hayn Agent	ie, Stephanie, , ,		
Mailing Address	PO Box 4945		
	East Lansing CITY	MI L ⁴	18826 ZIP CODE
Title or Position Compliance Director		elephone number 517	_ 336 8500
safety deposit boxes or Name of Bank, Deposit	maintains funds.	n the committee deposits func	
Name of Bank, Deposit	maintains funds. ory, etc. ependent Bank		
Name of Bank, Deposit	maintains funds. ory, etc.		
Name of Bank, Deposit	maintains funds. ory, etc. ependent Bank		
Name of Bank, Deposit	maintains funds. ory, etc. ependent Bank 1380 W Lake Lansing Rd		18823 ZIP CODE
Name of Bank, Deposit	maintains funds. ory, etc. ependent Bank 1380 W Lake Lansing Rd East Lansing CITY	MI 2	
Name of Bank, Deposite Inde Mailing Address Name of Bank, Deposite	maintains funds. ory, etc. ependent Bank 1380 W Lake Lansing Rd East Lansing CITY	MI 2	
Name of Bank, Deposite Inde Mailing Address Name of Bank, Deposite Lak	maintains funds. ory, etc. ependent Bank 1380 W Lake Lansing Rd East Lansing CITY ory, etc.	MI 2	
Name of Bank, Deposite Inde Mailing Address Name of Bank, Deposite	maintains funds. ory, etc. ependent Bank 1380 W Lake Lansing Rd East Lansing CITY ory, etc.	MI 2	
Name of Bank, Deposite Inde Mailing Address Name of Bank, Deposite Lak	maintains funds. ory, etc. ependent Bank 1380 W Lake Lansing Rd East Lansing CITY ory, etc. e Trust Credit Union 4605 S Old US Hwy 23	MI 2 STATE	ZIP CODE
Name of Bank, Deposite Inde Mailing Address Name of Bank, Deposite Lak	maintains funds. ory, etc. ependent Bank 1380 W Lake Lansing Rd East Lansing CITY ory, etc.	MI 2 STATE	

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F1A Transaction ID:

Updating affiliated financial institutions and to add a JFR

Form/Schedule: Transaction ID:

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

h). Joint Fundraisin	g Participant:			
1.		FEC	ID number	С
2.		FEC	ID number	С
3.		FEC	ID number	C
4.		FEC	ID number	С
	Organization, Affiliated Committee, Joint	Fundraising R	epresentativ	e, or Leadership PAC Spor
Michigan Senate I	Viajority Fund			
<u> </u>				
	120 Maryland Ave			
Mailing Address				
	Washington		DC	20002
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
		Joint Fundraisi	ng Represent	ative Leadership PAC S
esignated Agent: Identify	Affiliated Committee y by name, address (phone number – option		ng Represent	ative Leadership PAC S
esignated Agent: Identify			ng Represent	ative Leadership PAC S
esignated Agent: Identify			ng Represent	ative Leadership PAC S
esignated Agent: Identify	by name, address (phone number – option			
esignated Agent: Identify	by name, address (phone number – option	nal)	ng Represent	
esignated Agent: Identify Full Name	by name, address (phone number – option	nal)	STATE A	
Full Name LIUM Mailing Address TITLE OR POSITION	by name, address (phone number – option	Telephone	STATE A Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	ries: List all banks or other depositories in v	Telephone	STATE A Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	ries: List all banks or other depositories in v	Telephone	STATE A Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor detay deposit boxes or material depository, etc.	composition of the position of	Telephone	STATE A Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposit boxes or mailing the second content of the second conten	composition of the property of	Telephone	STATE A Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or material depository, etc.	ries: List all banks or other depositories in vintains funds.	Telephone	STATE A Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spons
Virginia Michigan	Victory Fund		
1			
Mailing Address	1751 POTOMAC GREENS DR		
	ALEXANDRIA	ı ıVAı	22314
Relationship:	CITY A	STATE A	ZIP CODE A
		t Fundraising Representa	
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A elephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for Lines 5(g)

Page ____ **of** ____

safety deposit boxes or ma	ries: List all banks o	·	Telephone Number	esits funds, holds accounts, r	rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	eries: List all banks of aintains funds.	·		esits funds, holds accounts, r	rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	eries: List all banks of aintains funds.	·		esits funds, holds accounts, r	rents
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks of aintains funds.	·		esits funds, holds accounts, r	rents
Banks or Other Deposito	ries: List all banks o	or other depositories in w		esits funds, holds accounts, r	rents
		or other depositories in w		poits funds, holds accounts in	rents
TITLE OR POSITION	▼		Telephone Number		
TITLE OR POSITION	▼	ı	1		
		CITY A	STATE A	ZIP CODE ▲	
		CITY	OTATE :	710 0005 :	
Mailing Address					
Full Name					
Designated Agent: Identify	y by name, address	(phone number – optiona	1)		
Connected	d Organization	Affiliated Committee	Joint Fundraising Represe	entative Leadership PAC	Spo
Relationship:		CITY A	STATE		
Mailing Address					
name of Any Connected	Organization, Amilia	ated Committee, Joint F	undraising Representat	tive, or Leadership PAC Sp	onso
4.			FEC ID numbe	r C	
			FEC ID numbe	r C	
3			FEC ID numbe	r C	
2			FEC ID numbe	r C	